

For equipment purchased (installed) during tax year beginning _____, _____, and ending _____, _____.

| | |
|---|--------------------------------------|
| Name of <input type="checkbox"/> Individual; <input type="checkbox"/> Corporation; <input type="checkbox"/> Partnership; <input type="checkbox"/> Sole Proprietorship; <input type="checkbox"/> Fiduciary; <input type="checkbox"/> S Corporation | Social Security or Federal ID Number |
|---|--------------------------------------|

[illegible]

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